Robert Derek Lurch	.TT.		•
Plaintiff,		- CIVIL RIG	HTS COM
[Insert full name of plaintiff/prisoner]		42 U.S.C. §	1983
, amount in the second of			
	•	JURY DEMAN	
	• • •	- **	. 771.5
-against-		YES/_	NO
DNYCHHE and DEVERY	Dean a .		
diagnosed and in	That		
diagnosed and treated arts	Enmit (detaine)		
From I AA with the Floor F	to Live Swidter	-	*
but failed to Asolate the		÷ .	
Population and	tron general		•
Population afterwards			
Defendant(s).			
ert full name(s) of defendant(s). If yo ce, please write "see attached" and in e with the full names of the additional les listed above must be identical to the			
Parties: (In item A below, plac address and telephone number	A VOUE nome to a		
address and telephone number  A. Name of plaintiff Robert	Do the same for	e first blank and provid	le your presen
A. Name of plaintiff Robert	Derek inte	addicional plaintiffs, if	any.)
If you are incarcerated provide	4	3).	
If you are incarcerated, provide	tne name of the fa	icility and address:	

29-27 90th		
- boad Ferod c	>+Y1NY	
	1101	-
Telephone Number: _		
_		
	Marketing to the second	
B. List all defendant	S. You must provide the fall -	
ses at which each defe	s. You must provide the full names of each defendant a indant may be served. The defendants listed here must ion on page 1.	nd t
arits riamed in the capti	ion on page 1.	mat
	- <u>1756</u> - Viving	•
Defendant No. 1	A shared and	
	<u>NYCHHC</u> Full Name	
	· on Marile	
:	Job Title	
•		-
	Address	
	, watess	
fendant No. 2	See Front of Complaint	
	Full Name	
	Job Title	
	Address	
The Salvanian of the sa		٠
ndant No. 3		•
Security Commencer Commencer	Full Name	
		·
•	Job Title	

		Address	
	Defendant No. 4	<u> </u>	
•		Full Name	
		Job Title	
•	•		Profession of the second
•		Address	
	Defendant No. 5	· · · · · · · · · · · · · · · · · · ·	
		Full Name	
		Job Title	
		Address	
11.	Statement of Claim:	·	
need good related addition	ach person named was in not give any legal argume ted claims, number and s nal. 8 ½ by 11 sheets of p did the events giving rise	nvolved in the event yents or cite to cases of set forth each claim in paper as necessary.)	nclude the date(s) of the event(s) alleged as ude the names of each defendant and state ou are claiming violated your rights. You install to allege a number a separate paragraph. You may use
	kers Island)		
When d	id the events happen? (in	nclude approximate ti	me and date) <u>Dec. 5,3019</u> to Dec. 32,
9017	- Housing Area I AA	- VOBC (RINGS IS	iband)

high was usige) (as a result of living with those Innates).

The Physicians at west facility after deferring I had preumonia, placed

me In a medical Isolation unit (the spungs) because they said my condition	
was contagious and they Informed me "to prevent the spread". I will be how	
In an isolation unst until my condition improves and im no logger configure	
That event occurred on occ. 22 and I was sent back to general populate	
Sommhere around 591.1,2020, when my condition had Improved and I was no deemed largers contagrous.	
nachhe and its enbloked showed or getiperate inditterace to the in-	HOW MY Fights
mates/detainers that Inhabited housing area laa, health and safety, when to	were violated
hey knowingly sent Briefes that were diagnosed with the FIU back to a housing	
area to Live amongst Innotes/debarrees with no symptoms knowing the Fluvirus	
#5 Contagious and can be easily spread.	
close quarter chusorments like sail or prisons, bring together a large number	
of People Into a vert small space and are breeding grounds for certain virusas	
such and the FIU due to the living conditions that Its Inhabitants are subsected	
to.	
when an Infected Person coughs, sneezes, yells or even sings loudly, small d-	
rottets of saliva of mocus teaning with viruses are escoted from the mouth sales	
air. Someone else inhalas those droplets and gets infected or Possibly a drop-	
let lands on a hard surface, sits there for a while and then someone cise touche	
that surface, picks up the virus on a finger, later touches his/her face and tr-	
anspers that virus to his evernose or mooth and set infected.	
or an infected person may have the rus on his hands and touches a hard	•
Surface, which deposits virus there. Later another person touches that hard	
Surface and then his own exernose of mouth the Infected. In generally	
ose contact with an infected person will result in infection unless very	Addresses (secured 1 to

careful precautions are taken.

These derendants knew how easily this vires spreads due to being medical professionals and Instead of Placing Infected Innates/detainers In the Isolation rooms (The spread of conteguous conditions such as placing the spread of conteguous conditions such as place expendition and other allments), they Intentionally sent Innates with a conteguous condition to directly and Indirectly Infect the Inhabitants of housing area 1 At showing a deliberate Indirectly Infect the Inhabitants of housing area 1 At showing a deliberate Indirectly to those Innates/detainers health and safety that were housed there because they knew this Condition could develop Inter a more severe condition such as pneumonia and can potentially result In the carrier

as a direct result of these defendants actions, I was infected with the Flu (which developed Into previous) and I almost died. I was removed from housing area IAA on Dec. 12.2019 and transferred to west foculty to receive care for my condition (I was diagnosed with an that day) (which was previous).

III. Relief: State what relief	f you are seeking if you prevail on your complaint.
In suing each	municipality for \$15million in confensato
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In Compensatory	dancace and is allian an punitive dana
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mplaint to prison authorities at	to be mailed to the Uni
mplaint to prison authorities at attes District Court for the Easte	(date) (name of prison) (name of New York.
mplaint to prison authorities at ates District Court for the Easte	(date) to be mailed to the Uni
mplaint to prison authorities at ates District Court for the Easte	(date)  to be mailed to the Unitem District of New York.  perjury that the foregoing is true and correct.
mplaint to prison authorities at attest District Court for the Easte	(date) (name of prison) (name of New York.
mplaint to prison authorities at ates District Court for the Easte	(date)  (name of prison)  em District of New York.  perjury that the foregoing is true and correct.  Signature of Plaintiff  29-27 40-40 Feb.
mplaint to prison authorities at ates District Court for the Easte	(date)  (name of prison)  em District of New York.  perjury that the foregoing is true and correct.  Signature of Plaintiff  29-27 40+10 Feb.  Name of Figure 1888 or Address if not incarcerated
mplaint to prison authorities at ates District Court for the Easte	(date)  (name of prison)  em District of New York.  perjury that the foregoing is true and correct.  Signature of Plaintiff  29-27 40-40 Feb.
mplaint to prison authorities at ates District Court for the Easte	(date)  (name of prison)  em District of New York.  perjury that the foregoing is true and correct.  Signature of Plaintiff  29-27 40-40 Feb.  Name of Plaintiff or Address if not incarcerated
mplaint to prison authorities at ates District Court for the Easte	(date)  (name of prison)  em District of New York.  perjury that the foregoing is true and correct.  Signature of Plaintiff  29-27 9040 Fd.  Name of Figure 2011 Plaintiff  Long Estand CAFFLOY  11101
mplaint to prison authorities at ates District Court for the Easte	(date)  to be mailed to the Unit  (name of prison)  em District of New York.  perjury that the foregoing is true and correct.  Signature of Plaintiff  29-27 40-40 Fd.  Name of Figure 25/200 CHY W
mplaint to prison authorities at ates District Court for the Easte	(date)  (name of prison)  (nam

Facts: (what happened	7)(7			
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out, describe your injuries atment received?	are claiming injuries a and state what medic	is a result of the cal treatment you	events you are	complaining
•		*	and the second s	
Internal scarring	OF the Lungs, N	nental and e	Protional S	Herina.
and other Insuria	s related to the	us condition	20	· · · · · · · · · · · · · · · · · · ·
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Internal Revenue secure

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